MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/568712

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

SERIAL NO.

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS	0		34	* * * * * * * * * * * * * * * * * * *	0	
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	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL IND.	0	♣	0	♣	0] ♣
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0	(10.00mg)	0		0	- 146 - 447

PTO - 1360 (REV. 04/2007)

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